# VA Boston Healthcare System Psychology Practicum Program 2023 - 2024

APPLICANT INFORM	ATION				
Name:					
Home Address:					
Cell Phone:			Primary E-Mail:		
Office Phone:		Secondary E-Mail:			
U.S. Citizenship: YES	NO				
CURRENT MATRICUI	LATION				
Current College/University:					
University Address:					
Date Entered Program: Program			n:		
Title of Master's Thesis (if a	any):				
Director of Training:				Phone Number:	
If Enrolled in a Doctoral Degree Program:			If Enrolled in a Master's Degree Program:		
Ph.D.	Ph.D. Clinical			M.A.	
Psy.D.	Counse	eling		M.S.	
Ed.D.			]	M.Ed.	
I am applying for the follow	ing type of practicu	ım placem	nent:		
Mid-Aug to mid-Aug    Total Hours (see rotation for minimum hrs/week)			tion for minimum hrs/week)		
Mid-Aug to early May * Total Hours (see rotation for minimum hrs/week)					
* <u>NOTE</u> : This option is only Practicum placement ends				al Health & Behavioral Medicine Program.	
Other		are 12-m	Specify time period & hours per week. Standard placements are 12-months, 16 hrs/week, but exceptions may be made an a case-by-case basis.		

#### OTHER EDUCATION

Degree:	Date:	Major:
Honors:		
Honors: aster's University or College	(if any):	

### TRAINING ASSIGNMENT

**Directions:** Please rank your preferred rotation(s) using the categories below. You can choose to rank one to six rotations, with a maximum of two in each category.

You should only apply to rotation(s) for which the available hours, required days of the week, and the location fit your schedule for the duration of the training year (Note: All Brockton-based rotations require travel to the Brockton campus). See brochure for further information.

## PRACTICUM EXPERIENCE

Directions: Please indicate what experience you ha	ive had in the followi	ng areas:		
Blank = No Experience 1 = Occasional Experience 2 = One semester or equivalent 3 = Two semesters or equivalent 4 = One to two years working in this area 5 = Worked in this area for several years				
	Inpatient	Outpatient		
Behavioral Medicine				
Geropsychology				
Mood & Anxiety Disorders				
Neuropsychology				
PTSD				
Rehab Psychology				
Serious Mental Illness (SMI)				
Substance Use Disorders (SUD)				
<b>Directions</b> : Indicate your current direct service hours below. These sections are meant to be mutually exclusive – he sum of sections 1, 2, & 3 should equal the total direct service hours.				
Hours of direct intervention with clients,	/patients by format I	isted below:		

- (a) Individuals
- (b) Couples
- (c) Families
- (d) Groups
- 2. Hours of direct assessment with clients/patients by format listed below:
  - (a) Hours of formal psychometric testing
  - (b) Hours of interview/observation-based assessment
- 3. Hours in formal consultation, primary prevention services, and/or psychoeducation rendered

TOTAL direct service hours:

### OTHER APPLICATION INFORMATION

- 1. In a cover letter, please describe your interests and specific qualifications for rotations in which you have applied.
- 2. In this letter, please list the names of all graduate courses you have taken and/or completed by the time of entry into practicum training.
- 3. Please attach a current version of your Curriculum Vitae.
- 4. Please electronically submit one letter of recommendation from a clinical supervisor.

#### Please email the following documents to Tai.Antoine@va.gov & Karen.Goffredo@va.gov:

- 1. Completed application
- 2. Cover letter
- 3. CV
- 4. Letter of recommendation

#### **Application Deadlines:**

**Affiliate** applications (Boston University & Harvard University) will be accepted beginning: **Monday, November, 28, 2022** 

Non-affiliate applications will be accepted beginning:

Monday, December 5, 2022

The application deadline for all students is:

COB Monday, January 9, 2023.

Please note, VA Boston will participate in the MPA Practicum Training Collaborative, and intends to offer practicum positions to non-affiliate students on Match Day, Monday, February 13, 2023 (see Cover Letter for additional details).